

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

Julie A. Su, Acting Secretary of Labor, United States
Department of Labor

Plaintiff(s)

v.

Oak Hill Operations Associates, LLC d/b/a Oak Hill
Nursing Facility; Centers for Care, LLC d/b/a Centers
Healthcare; and Kenneth Rozenberg

Defendant(s)

Civil Action No. 1:23-cv-426

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Oak Hill Operations Associates, LLC d/b/a Oak Hill Nursing Facility
544 Pleasant Street
Pawtucket, Rhode Island 02860
c/o Attorney Richard I. Greenberg
Jackson Lewis PC
666 Third Avenue, 29th Floor
New York, NY 10017

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Sheila A. Gholkar, Trial Attorney
United States Department of Labor
Office of the Solicitor
JFK Federal Building, Room E-375
Boston, MA 02203

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: **October 17, 2023**



/s/ Hanorah Tyer-Witek

Clerk of Court *of Clerk or Deputy Clerk*

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: